PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0851-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1895-no person e required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/783,001 TRANSMITTAL Filing Date February 20, 2004 First Named Inventor Christine GARCIA **FORM** Art Unit 1617 Examiner Name Abigail M. Cotton (to be used for all correspondence after initial filing) **Attorney Docket Number** Serie 6114 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Fee Transmittal Form 17 & 06 Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC X Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify **Extension of Time Request** Terminal Disclaimer below): Request for Refund **Express Abandonment Request** Supplemental CD, Number of CD(s) _ Information Disclosure Statement w/Form 1449 Landscape Table on CD **Certified Copy of Priority** Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Air Liquide Signature Printed name Elwood Haynes Reg. No. Date 55,254 November 16, 2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date November 16, 2005 Diana Guzman Typed or printed name

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PTO/SB/17 (12-04v2)

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DATE TO A DEMAN Under the Panerwork Reduction Act of 1995, no persons respond to a collection of information unless it displays a valid OMR control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/783,001 RANSMIT February 20, 2004 Filing Date For FY 2005 Christine GARCIA First Named Inventor **Examiner Name** Abigail M. Cotton Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1617 TOTAL AMOUNT OF PAYMENT 0.00 (\$) Attorney Docket No. Serie 6114 METHOD OF PAYMENT (check all that apply) Check Credit Card None Money Order Other (please identify): 01-1375 Deposit Account Deposit Account Number: Deposit Account Name: American Air Liquide, Inc. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **EXAMINATION FEES** SEARCH FEES **Small Entity** Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 200 Design 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 200 **Provisional** 100 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) 50 Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Fee (\$) 50 Multiple Dependent Claims Extra Claims Fee Paid (\$) - 26 Fee Paid (\$) Fee (\$) X HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Extra Claims Fee (\$) - 3 O 200 HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round up to a whole number) - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY

Registration No. Telephone (713) 624-8954 Signature 55,254 (Attorney/Agent) Date November 16, 2005 Name (Print/Type) Elwood Haynes

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PTC/SB/06 (12-04)
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PATENT ADDITION SET DESTRUMENT ADDITION SET DESTRUMENT OF SET DESTRU Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD

FOR E E(a), (b), or (c) EE E(b), (i), or (m) TON FEE E(o), (p), or (q AIMS 6(i)) ENT CLAIM 6(h)) FON SIZE 6(s)) DEPENDE	NUMB NUMB NUMB NUMB NUMB If the spe sheets of is \$250 (4) additional 35 U.S.C.	minus 20 minus 3 cification paper, the 125 for se			SMALL RATE (\$) N/A N/A N/A X = X =	FEE (\$)	OR	OTHER SMALL E RATE (\$) N/A N/A N/A × \$18 =	
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(e), (b), or (c) EE E(h), (f), or (m) TON FEE K(o), (p), or (q) AIMS 6(f)) ENT CLAIM 6(h)) TON SIZE 6(s)) DEPENDE	26 If the spe sheets of is \$250 (4 additional 35 U.S.C.	minus 20 minus 3 cification paper, the 125 for selection to 50 sheet	and drawings es application simall entity) for	N/A N/A 6 0 exceed 100	N/A N/A N/A		OR	N/A N/A N/A × \$18 =	\$770
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TON FEE \$(0), (p), or (q) AIMS \$6(1)) BENT CLAIM \$6(h)) FON SIZE \$6(s)) DEPENDE	26 MS 2 If the spe sheets of is \$250 (\$ additional 35 U.S.C	minus 20 minus 3 cification paper, the 125 for si 150 sheet	and drawings es application simall entity) for	6 0 exceed 100	X =		OR	× \$18 =	108
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ENT CLAIM 6(h)) ON SIZE 6(s)) DEPENDE	If the spe sheets of is \$250 (\$ additional 35 U.S.C	minus 3 cification paper, the 125 for sell 50 sheet	and drawings e application si mall entity) for	O exceed 100	х =		1		
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	NT CLAIM PRES		G) and 37 CF	each ereof. See					
rence in co	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							N/A	
* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL			TOTAL	\$878
APPLICATION AS AMENDED - PART II 6/27/05 (Cotumn 1) (Cotumn 2) (Cotumn 3)					SMALL	ENTITY	OR OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
otal R 1.18(1))	· 21	Minus	26	#	х =		OR	× \$50 =	0
endent R 1.16(h))	• 2	Minus	3	=	х =		OR	×\$200 =	0
cation Size	Fee (37 CFR 1.1	6(s))					1		
Application Size Fee (37 CFR 1.16(a)) Application Size Fee (37 CFR 1.16(a)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(a))					N/A		OR	N/A	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	\$0
5	(Column 1)		(Column 2)	(Column 3)			_	_	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
otal R 1.10(1))	19	Minus	2 6	* O	х =		OR	x \$50 =	0
endent R 1.16(h))	1	Minus		* 0	х =		OR	× \$200 =	0
cation Size	Fee (37 CFR 1.1	6(s))					1		
AMENDMENT					N/A		OR	N/A	
FRESENIA				<u>-</u>	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	\$0
TOR OR OR CO	adent 1.16(h)) ation Size PRESENTA 1.16(h)) ident 1.16(h)) ation Size	2 2 2 2 2 2 2 2 2 2	dent 1.16(h) 2 Minus ation Size Fee (37 CFR 1.16(e)) PRESENTATION OF MULTIPLE DEPENDER (Column 1) CLAIMS REMAINING AFTER AMENDMENT ASI 1.16(h) 19 Minus 110(h) 1 Ation Size Fee (37 CFR 1.16(e))	dent 1.16(h)) 2 Minus 3 ation Size Fee (37 CFR 1.16(e)) PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CF (Column 1) (Column 2) CLAIMS REMAINING AFTER AMENDMENT HIGHEST NUMBER PREVIOUSLY PAID FOR 1.16(h)) 19 Minus 26 dent 1.16(h) 1 Minus 3 ation Size Fee (37 CFR 1.16(e))	Column 1 Column 2 Column 3 Extra	Minus Minu	Minus Minu	Minus Minu	Column 1 Column 2 Column 3 Column 3 Column 3 Column 1 Column 2 Column 3 Column 3 Column 3 Column 4 Column 5 Column 5 Column 6 Column 7 Column 7 Column 7 Column 8 Column 8 Column 8 Column 8 Column 8 Column 8 Column 9 Column 9 Column 9 Column 9 Column 1 Column 9 Column 9

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

*** If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

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